

Please type a plus sign (+) inside this box → +

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37C.F.R. §1.53(b))

Attorney Docket No. PC9923B

First Named Inventor or Application Identifier Mary T. Am Ende

Title Sustained Release Formulations for Growth Hormone Secretagogues

Express Mail Label No. EV245637243US

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APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original, and a duplicate for fee processing)</i> | 6. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 137] | 7. Nucleotide and/or Amino Acid Sequence Submission
<i>(if applicable, all necessary)</i> |
| - Descriptive title of the Invention | |
| - Cross References to Related Applications | |
| - Statement Regarding Fed sponsored R&D | |
| - Reference in Microfiche Appendix | |
| - Background of the Invention | |
| - Brief Summary of the Invention | |
| - Brief Description of the Drawings <i>(if filed)</i> | |
| - Detailed Description | |
| - Claim(s) | |
| - Abstract of the Disclosure | |
| 3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 11.3)[Total sheets] | |
| 4. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 3] | |
| a. <input type="checkbox"/> Newly executed (original or copy) | |
| b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))
<i>(for continuation/divisional with Box 17 completed)</i>
<i>[Note Box 5 below]</i> | |
| i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b). | |
| 5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i>
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | |
| ACCOMPANYING APPLICATION PARTS | |
| 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | |
| 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement | <input type="checkbox"/> Power of Attorney
<i>(when there is an assignee)</i> |
| 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> | |
| 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 | <input type="checkbox"/> Copies of IDS Citations |
| 12. <input checked="" type="checkbox"/> Preliminary Amendment | |
| 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>(Should be specifically itemized)</i> | |
| 14. <input type="checkbox"/> *Small Entity Statement(s) | <input type="checkbox"/> Statement filed in prior application, Status still proper and desired
<i>(PTO/SB/09-12)</i> |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i> | |
| 16. <input checked="" type="checkbox"/> Other: Priority Claim
This is a divisional application of U.S. Ser. No. 09/940,097 of 08/27/01, now allowed, which claims the benefit of U.S. Prov. Application No. 60/229,074 of 08/30/00. | |

***NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: 09/ 940,097

Prior application information: Examiner _____ Group/Art Unit: _____

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)		
28523		<input type="checkbox"/> Correspondence address below	

NAME (Print/type)	John A. Wichtowski	Registration No. (Attorney/Agent)	48,032
Signature	<i>John A. Wichtowski</i>	Date 6/30/03	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number.

Complete if Known

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small status. See 37 CFR 1.27

Total Amount of Payment (\$1758)

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Mary T. Am Ende
Examiner Name	To Be Assigned
Art Unit	To Be Assigned
Attorney Docket No.	PC9923B

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None Deposit Account:

Deposit Account Number 16-1445

Deposit Account Name Pfizer Inc.

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$750)					

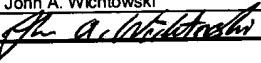
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	48	-20**= 28 X 18 = 504	
Independent Claims	9	- 3**= 6 X 84 = 504	
Multiple Dependent		280 = 0	

** or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)				1008

3. ADDITIONAL FEES	Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
	1051	130	2051	65	Surcharge - late fee or oath	
	1052	50	2052	25	Surcharge—late provisional filing fee or cover sheet	
	1053	130	1053	130	Non-English specification	
	1812	2,520	1812	2,520	For filing a request for reexamination	
	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
	1805	1,840*	1805	1,840	Requesting publication of SIR after Examiner action	
	1251	110	2251	55	Extension for reply within first month	
	1252	410	2252	205	Extension for reply within second month	
	1253	930	2253	465	Extension for reply within third month	
	1254	1,450	2254	725	Extension for reply within fourth month	
	1255	1,970	2255	985	Extension for reply within fifth month	
	1401	320	2401	160	Notice of Appeal	
	1402	320	2402	160	Filing a brief in support of an appeal	
	1403	280	2403	140	Request for oral hearing	
	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
	1452	110	2452	55	Petition to revive - unavoidable	
	1453	1,300	2453	650	Petition to revive - unintentional	
	1501	1,300	2501	650	Utility issue fee (or reissue)	
	1502	470	2502	235	Design issue fee	
	1503	630	2503	315	Plant issue fee	
	1460	130	1460	130	Petitions to the Commissioner	
	1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
	1801	750	2801	375	Request for Continued Examination (RCE)	
	1806	180	1806	180	Submission of Information Disclosure Statement	
	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
	1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
	1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
Other Fee (specify)						
*Reduced by Basic Filing Fee Paid						
SUBTOTAL (3) (\$)						0

SUBMITTED BY	Complete (if Applicable)		
Name (Printed/Type) John A. Wichtowski	Reg. Number	48,032	
Signature 	Date	6/30/03	Telephone (860) 715-6645

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Provide credit card information and authorization on PTO-2038.

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FEE TRANSMITTAL PTO SB 17.DOT